

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022224

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5066

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 17 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**Length of stay in 1b  
**2 weeks**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. John Hospital**Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE **Missouri** b. COUNTY **St. Louis** admission)c. CITY  
OR  
TOWN **Clayton**Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS  
**8145 Whitburn**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
**Jacob**

Middle

Last  
**Shucart**4. DATE  
OF  
DEATHMonth  
**May**Day  
**9**Year  
**1963**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**8/30/1887**9. AGE (last birthday)  
**75**10. IF UNDER 1 YEAR  
Months **8** Days **9**IF UNDER 24 HR  
Hours **5** Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Retired President**10b. KIND OF BUSINESS OR INDUSTRY  
**I.B.C. Root Beer**11. BIRTHPLACE (City and state or country)  
**St. Louis, Missouri**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

## 13a. FATHER'S NAME

**Israel Shucart**

## 13b. MOTHER'S MAIDEN NAME

**Jennie Bleiweiss**

## 14. NAME OF HUSBAND OR WIFE

**Margaret M. Shucart**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**Mrs. Margaret M. Shucart**18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **April 1965** to **May 9, 1963** and last saw him alive on **May 9, 1963**  
Death occurred at **1:05 P.M. 5-9-63** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Deceased or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)**Burial**

## 23b. DATE

**5/13/63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis, Missouri**

## 24. FUNERAL DIRECTOR

## ADDRESS

**Arthur J. Donnelly****3840 Lindell Blvd**

## 25. DATE RECD. BY LOCAL REG:

**MAY 10 1963**

## 26. REGISTRAR'S SIGNATURE

**Loan Smith, M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

Mr. Martin W. Elvira  
408 Humboldt St. Bldg.  
San Francisco, Calif.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Francis Williamson*

Licensed Embalmer No.

*3565*

P. O. Address

*3840 Lindell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.